B/ Family planning

	Number	Proportion
Total new users	1	100%
Total follow-ups	0	0%
Users of oral contraceptives	0	100%
Users of injectable contraceptives	1	100%
Users of condoms	0	0%
Age less than 15 years old	0	0%
Age more than 40 years old	0	0%

a/ Total visits = 1

b/ Coverage rate new users = 0.02%

c/ Cumulative coverage rate for 1997 = 1.02%

d/ Average attendance = 1

3. LASH JUWAIN

A. Curative consultations

Table 1: Utilization rate (number of consultations / 100 inhabitants)

	March	April	May
Total number of consultations	175	132	140
Total population number	26,839	26,839	26,839
Utilization Rate	0.7%	0.5%	0.5%

The utilization rate for Lash Juwain BHC remains poor. The patients prefer to see the private doctor next door who is prescribing injections and perfusions, which are the favorite treatments for most of the Afghanis.

Table 2: 5 main pathologies as % of total consultations

Pathology	%
Upper ARI	16
Bloody diarrhea	11
Eye disease	11
Watery diarrhoea	6
Worms	6

The upper ARI remain the main reason for consultation but we observe the re-appearance of diarrhea, both the bloody and watery ones.

Table 3: Incidence rate for some important diseases / 10,000 inhabitants

	March	April	May
Measles	0	0	0
ARI	26	13	12
Diarrhoea	3	4	9
Suspected malaria	0	0	0

The incidence rate remains the same for ARI and has more than doubled for diarrhea.

B. Children's preventative health activities

Nutritional surveillance children < 5 years old

- Total population = 26,839 inhabitants
- Target population children < 5 years old (20%) = 5,368 children

	0-5 months	6-17 months	18-29 months	30-41 months	42-59 months	Total
New Cases	0	1	2	0	0	3
Follow-ups	2	2	1	0	0	5

a/ Total visits = 8

b/ Number of severely malnourished children detected = 0 (0%)

c/ Number of moderately malnourished children detected = 0 (0%)

d/ Number of referrals = 0 (0%)

e/ Coverage rate new cases = 0.05 %

f/ Cumulative coverage rate for 1997 = 0.55%

g/ Average attendance by child = 2.7

C. Reproductive health activities

- Total population = 26,839 inhabitants
- Total number of pregnant women (4%) = 1,074women
- Total number of women of child bearing age (23%) = 6,172 women

A/Antenatal care

	Number	Proportion
Total new cases	4	50%
Total follow-ups	4	50%
At risk pregnancies detected	0	0%
At risk pregnancies referred	0	0%
Iron/folic treatments given	4	100%
Pregnant women protected against tetanus for current pregnancy	4	50%

a/ Total visits = 8

b/ Coverage rate new cases = 0.4%

c/ Cumulative coverage rate for 1997 = 5.4%

d/ Average attendance by pregnant woman = 2

B/ Family planning

	Number	Proportion
Total new users	0	0%
Total follow-ups	0	0%
Users of oral contraceptives	0	0%
Users of injectable contraceptives	0	0%
Users of condoms	0	0%
Age less than 15 years old	0	0%
Age more than 40 years old	0	0%

a/ Total visits = 0

b/ Coverage rate new users = 0%

c/ Cumulative coverage rate for 1997 = 0.7%

d/ Average attendance by woman = N/A

No woman came for family planning during the month of May.

4. BAKWAH

A. Curative consultations

Table 1: Utilization rate (number of consultations / 100 inhabitants)

	March	April	May
Total number of consultations	287	152	277
Total population number	20,193	20,193	20,193
Utilization Rate	0.8%	0.8%	1.4%

We observe an increase of 75% in the utilization rate of the BHC of Bakwah. This is probably due to the better wheather and the improved road condition.

A female health worker with experience as a mid-wive and nurse has agreed to work in the BHC to provide care for women and children. This will be discussed in detail in June.

Table 2: 5 main pathologies as % of total consultations

Pathology	%
Watery diarrhoea	10
Cough > 15 days	8
Worms	5
Bloody diarrhea	5
Burns/ Trauma	4

Watery diarrhea became the main reason for consultation. Cough of more than 15 days ranked second; this corresponds with the reported high prevalence for Tuberculosis in this district.

Table 3: Incidence rate for some important diseases / 10,000 inhabitants

	March	April	May
Measles	0	0	0
ARI	36	23	0
Diarrhoea	14	12	21
Suspected malaria	0	0	1

The incidence rate for ARI dropped till zero where the incidence rate for diarrhea has nearly doubled.

B. Children's preventative health activities

1/ Nutritional surveillance children < 5 years old

- Total population = 20,193 inhabitants
- Target population children < 5 years old (20%) = 4,038 children

	0-5 months	6-17 months	18-29 months	30-41 months	42-59 months	Total
New Cases	0	4	0	0	1	5
Follow-ups	0	0	2	0	0	2

a/ Total visits = 7

b/ Number of severely malnourished children detected = 0 (0%)

c/ Number of moderately malnourished children detected = 0 (0%)

d/ Number of referrals = 0 (0%)

e/ Coverage rate new cases = 0.1%

f/ Cumulative coverage rate for 1997 = 0.5%

g/ Average attendance by child = 1.4

2/ Vaccination of children

- Total population = 20,193 inhabitants
- Target population children < 1 year old (3.7%) = 747 children
- Target population children < 2 years old (6%) =1,212 children

	0-11 months	12-24 months	24 months +	Total
BCG	20	16		36
DPT 1	20	14		34
DPT 2	7	21	0	28
DPT 3	3	0	0	3
Polio 1	20	14		34
Polio 2	7	21	0	28
Polio 3	3	0	0	3
Measles	11	12	0	23
Vaccination completed	3	0	0	3

The coverage rate is calculated for the children of less than 2 years old.

a/ Coverage rate BCG = 3%

b/ Accumulative coverage rate for 1997 for BCG = 9.8%

c/ Coverage rate for DPT1= 2.8%

d/ Cumulative coverage rate for 1997 for DPT1 = 9.3%

e/ Coverage rate for DPT3 = 0.2%

f/ Drop-out rate = (DPT1 - DPT3)/DPT1 = 91%

g/ Coverage rate for measles = 2.8%

h/ Cumulative coverage rate for 1997 for measles = 7.8%

I/ Drop-out rate = (DPT1 - measles)/ DPT1 = 0%

j/ Coverage rate vaccination completed = 0.2%

k/ Cumulative coverage rate for 1997 for vaccination completed = 0.2%

C. Reproductive health activities

- Total population = 20,193 inhabitants
- Total number of pregnant women (4%) = 887 women
- Total number of women of child bearing age (23%) = 4,644 women

A/Antenatal care

	Number	Proportion
Total new cases	2	40%
Total follow-ups	3	60%
At risk pregnancies detected	0	0%
At risk pregnancies referred	0	0%
Iron/folic treatments given	5	100%
Pregnant women protected against tetanus for current pregnancy	0	0%

a/ Total visits = 5

b/ Coverage rate new cases = 0.6%

c/ Cumulative coverage rate for 1997 = 4.7 %

d/ Average attendance by woman = 2.5

B/ Family planning

	Number	Proportion
Total new users	6	67%
Total follow-ups	3	33%
Users of oral contraceptives	2	33%
Users of injectable contraceptives	1	17%
Users of condoms	3	50%
Age less than 15 years old	0	0%
Age more than 40 years old	0	0%

a/ Total visits = 9

b/ Coverage rate new users = 0.1%

c/ Cumulative coverage rate for 1997 = 0.5%

d/ Average attendance by woman = 1.5

Bakwah BHC is able to attract women to its family planning services, but has now to do an effort in convincing the users to come back.

C/ Antitetanic vaccination

	Pregnant Women	Women 14-45 years old	Total
TT 1	3	15	18
TT 2	4	13	17
TT 3	0	0	0
TT 4	0	0	0
TT 5	0	0	0

The coverage rate is calculated for the women of child bearing age.

a/ Coverage rate TT1= 0.4% (18/4644 x 100)

b/ Cumulative coverage rate for 1997 for TT1= 2.8%

c/ Coverage rate TT3 = 0%

d/ Cumulative coverage rate for 1997 for TT3 = 0.02%

e/ Drop-out rate = (TT1 - TT 3)/TT1 = 100%

f/ Pregnant women completely protected = (TT2 + TT3 + TT4 + TT+5)/ Target population = 0.5%

(= 4/887 x 100)

5. PUSHTUKU

A. Curative consultations

Table 1: Utilization rate (number of consultations / 100 inhabitants)

	March	April	May
Total number of consultations	249	191	283
Total population number	19,241	19,241	19,241
Utilization Rate	1.3%	1.0%	1.5%

The utilization rate for the BHC of Pushtuku has increased with 50%.

Table 2: 5 main pathologies as % of total consultations

Pathology	%
Upper ARI	12
Lower ARI	11
Worms	11
Skin disease	8
Bloody diarrhoea	7

The ARI remain the main reason for consultation.

Table 3: Incidence rate for some important diseases / 10,000 inhabitants

	March	April	May
Measles	0.4	0	0
ARI	40	31	34
Diarrhoea	10	15	16
Suspected malaria	0	0	0

The incidence rates for diarrhea and ARI are stable.

B. Children's preventative health activities

Nutritional surveillance children < 5 years old

- Total population =19,241 inhabitants
- Target population children < 5 years old (20%) = 3,848 children

	0-5 months	6-17 months	18-29 months	30-42 months	42-59 months	Total
New Cases	1	6	1	0	0	8
Follow-ups	0	0	0	0	0	0

a/ Total visits = 8

b/ Number of severely malnourished children detected = 0 (0%)

c/ Number of moderately malnourished children detected = 0 (0%)

d/ Number of referrals = 0 (0%)

e/ Coverage rate new cases =0.2%

f/ Cumulative coverage rate for 1997 = 1.3%

g/ Average attendance rate by child = 1

C. Reproductive health activities

- Total population = 19,241 inhabitants
- Total number of pregnant women (4% = 770 women
- Total number of women of child bearing age (23%) = 4,425 women

merlin

MERLIN HOUSE, FARAH
AFGHANISTAN

MONTHLY ACTIVITIES REPORT
FARAH, MAY 1997

Marleen De Tavernier, MD, MPH
Peshawar, 15 July 1997

A/Antenatal care

	Number	Proportion
Total new cases	6	100%
Total follow-ups	0	0%
At risk pregnancies detected	1	17%
At risk pregnancies referred	1	100%
Iron/folic treatments given	6	100%
Pregnant women protected against tetanus for current pregnancy	1	17%

a/ Total visits = 6

b/ Coverage rate new cases =0.8%

c/ Cumulative coverage rate for 1997 = 4.0%

d/ Average attendance by woman = 1

B/ Family planning

	Number	Proportion
Total new users	2	100%
Total follow-ups	0	0%
Users of oral contraceptives	2	100%
Users of injectable contraceptives	0	0%
Users of condoms	0	0%
Age less than 15 years old	0	0%
Age more than 40 years old	1	50%

a/Coverage rate new users = 0.1%

b/ Cumulative coverage rate for 1997 = 0.4%

c/ Average attendance by woman = 1

6. ANARDARA

A. Curative consultations

Table 1: Utilization rate (number of consultations / 100 inhabitants)

	March	April	May
Total number of consultations	194	113	179
Total population number	22,363	22,363	22,363
Utilization Rate	0.9%	0.5%	0.8%

The utilization rate has increased with 60%.

Table 2: 5 main pathologies as % of total consultations

Pathology	%
Upper ARI	20
Worms	13
Watery diarrhoea	8
Anaemia	6
Bloody diarrhea	4

Table 3: Incidence rate for some important diseases / 10,000 inhabitants

	March	April	May
Measles	0	0	0
ARI	30	13	18
Diarrhoea	8	6	10
Suspected malaria	0	0	0

We note still an increase in the incidence rate for ARI, despite the better wheather. The incidence rate for diarrhea increases steadily.

B. Children's preventative health activities

Nutritional surveillance children < 5 years old

- Total population = 22,363 inhabitants

- Target population children < 5 years old (20%) =4,473 children

	0-5 months	6-17 months	18-29 months	30-41 months	42-59 months	Total
New Cases	0	1	0	0	0	1
Follow-ups	0	0	0	0	0	0

a/ total visits = 1

b/ Number of severely malnourished children detected = 0 (0%)

c/ Number of moderately malnourished children detected = 0 (100%)

d/ Number of referrals = 0 (0%)

e/ Coverage rate new cases = 0.02%

f/ Cumulative coverage rate for 1997 = 0.12%

g/ Average attendance by child = 1

The vaccinator of CHA was not present at the BHC on either day of the MCH clinic. Only 1 child came for growth monitoring, despite the Merlin vehicle going to the bazaar to publicise the MCH clinic.

C. Reproductive health activities

- Total population = 22,363 inhabitants

- Total number of pregnant women (4%) = 894 women

- Total number of women of child bearing age (23%) = 5,143 women

A/Antenatal care

	Number	Proportion
Total new cases	5	45%
Total follow-ups	6	55%
At risk pregnancies detected	4	36%
At risk pregnancies referred	3	75%
Iron/folic treatments given	11	100%
Pregnant women protected against tetanus for current pregnancy	2	18%

a/ Total visits = 11

b/ Coverage rate new cases = 0.6%

c/ Cumulative coverage rate for 1997 = 2.7%

d/ Average attendance by woman = 2.2

B/ Family planning

	Number	Proportion
Total new users	2	100%
Total follow-ups	0	0%
Users of oral contraceptives	2	100%
Users of injectable contraceptives	0	0%
Users of condoms	0	0%
Age less than 15 years old	0	0%
Age more than 40 years old	0	0%

a/ Total visits = 2

b/ Coverage rate new users =0.04 %

c/ Cumulative coverage rate for 1997 =0.34 %

d/ Average attendance by woman = 1

7. SHEBIKU

A. Curative consultations

Table 1: Utilization rate (number of consultations / 100 inhabitants)

	March	April	May
Total number of consultations	252	196	268
Total population number	19,240	19,240	19,240
Utilization Rate	1.3%	1.0%	1.4%

The number of curative consultations has increased with 40%.

Table 2: 5 main pathologies as % of total consultations

Pathology	%
Lower ARI	15
Watery diarrhoea	12
Upper ARI	12
Worms	11
Urinary tract infection	7

Table 3: Incidence rate for some important diseases / 10,000 inhabitants

	March	April	May
Measles	0	2	2
ARI	51	29	37
Diarrhoea	6	12	24
Suspected malaria	0	1	0.5

Health education sessions have commenced twice a week by the female health worker in the BHC and occasionally in the mosque by the male health workers.

A measles outbreak was investigated but the findings did not justify any intervention and there were no reported cases of fatalities.

B. Children's preventative health activities

1/ Nutritional surveillance children < 5 years old

- Total population = 19,240 inhabitants
- Target population children < 5 years old (20%)= 3,848 children

	0-5 months	6-17 months	18-29 months	30-41 months	42-59 months	Total
New Cases	14	21	2	0	2	39
Follow-ups	2	4	0	0	0	6

a/ Total visits = 45

b/ Number of severely malnourished children detected = 0 (0%)

c/ Number of moderately malnourished children detected = 0 (0%)

d/ Number of referrals = 0 (0%)

e/ Coverage rate new cases = 1.0%

f/ Cumulative coverage rate for 1997 = 2.6%

g/ Average attendance by child = 1.2

2. Vaccination of children

- Total population = 19,240 inhabitants
- Target population children < 1 year old (3.7%) = 712 children
- Target population children < 2 years old (6%) = 1,154 children

	0-11 months	12-23 months	24 months +	Total
BCG	10	6		16
DPT1	10	6		16
DPT2	5	2	0	7
DPT3	1	4	0	5
Polio 1	10	6	0	16
Polio 2	5	2	0	7
Polio 3	1	4	0	5
Measles	2	14	0	16
Vaccination completed	1	4	0	5

a/ The coverage rate is calculated for the children of less than 2 years old.

b/ Coverage rate BCG = 1.4%

c/ Accumulative coverage rate for 1997 for BCG =10.2 %

d/ Coverage rate for DPT1 = 1.4%

e/ Cumulative coverage rate for 1997 DPT1= 2.6%

f/ Coverage rate for DPT3 = 0.4%

g/ Drop-out rate (DPT1 - DPT3)/ DPT1 = 69%

h/Coverage rate for measles = 1.4%

i/ Cumulativa coverage rate for 1997 for measles = 2.2%

j/ Drop-out rate (DPT1 - measles)/ DPT1 = 0%

k/ Coverage rate vaccination completed = 0.4%

l/ Cumulative coverage rate for 1997 for vaccination completed = 1.1%

C. Reproductive health activities

- Total population = 19,240 inhabitants
- Total number of pregnant women (4%) = 770 women
- Total number of women of child bearing age (23%) = 4,425 women

A/Antenatal care

	Number	Proportion
Total new cases	0	0%
Total follow-ups	0	0%
At risk pregnancies detected	0	0%
At risk pregnancies referred	0	0%
Iron/folic treatments given	0	0%
Pregnant women protected against pregnancy for current pregnancy	0	0%

a/ Total visits = 0

b/ Coverage rate new cases =0%

c/ Cumulative coverage rate for 1997 = 5.1%

d/ Average attendace by woman = N/A

B/ Family planning

	Number	Proportion
Total new users	0	0%
Total follow-ups	0	0%
Users of oral contraceptives	0	0%
Users of injectable contraceptives	0	0%
Users of condoms	0	0%
Age less than 15 years old	0	0%
Age more than 40 years old	0	0%

a/ Total visits = 0

b/ Coverage rate new users = 0%

c/ Cumulative coverage rate for 1997 =0.1%

d/ Average attendance by woman = N/A

The attendance of women at the MCH clinic was zero, so the governor was approached. He was given a progress report on the MCH activities and asked to support the attendance on pregnant women and children.The governor told Merlin that he would inform the elders again of the MCH activities and the importance of preventive medical care.

C/ Antitetanic vaccination

	Pregnant Women	Women 14-45 years old	Total
TT 1	0	4	4
TT 2	0	6	6
TT 3	0	0	0
TT 4	0	1	1
TT 5	0	0	0

a/ The coverage rate is calculated for the women of child bearing age.

b/ Coverage rate for TT1 = 0.1%

c/ Cumulative coverage rate for 1997 for TT1 = 1.9%

d/ Coverage rate TT3 = 0%

e/ Cumulative coverage rate for 1997 for TT3 = 0.3%

f/ Drop-out rate = (TT1 - TT3)/ TT1 = 100%

g/ Pregnant women completely protected= (TT2 + TT3 + TT4 + TT+5)/ Target population = 0%

8. BALABALUK

A. Curative consultations

Table 1: Utilization rate (number of consultations / 100 inhabitants)

	March	April	May
Total number of consultations	479	423	369
Total population number	48,458	48,458	48,458
Utilization Rate	1.0%	0.9%	0.8%

No reason could be given for the decrease of the utilisation rate.

Table 2: 5 main pathologies as % of total consultations

Pathology	%
Worms	11
Bloody diarrhea	9
Upper ARI	8
Burns/Trauma	8
Skin diseases	8

Worms and bloody diarrhea were the main reasons for consultation. The inhabitants of Balabaluk are used to collect their drinking water from the irrigation canals as digging of wells is nearly impossible because of the deep water table.

Table 3: Incidence rate for some important diseases / 10,000 inhabitants

	March	April	May
Measles	3	2	1
ARI	13	23	12
Diarrhoea	14	14	9
Suspected malaria	0.2	0.2	0.6

The incidence rate for ARI has decreased from 23 to 12 cases by 10,000 inhabitants and diarrhea from 14 to 9 cases by 10,000 inhabitants.

I. POLITICAL SITUATION

On the 24th of May, General Abdul Malik, who had served as Dostum's Foreign Minister and was one of his most trusted lieutenants, broke his alliance with Dostum and announced support to the Talibans. This opened up the Badghis front-line with General Malik's forces turning and advancing on Mazar-I-Sharif. Mazar was soon captured and Dostum, the chief of the Uzbek militia, was forced to flee Afghanistan the same day.

General Malik claimed to have captured about 5,000 Dostum men, including 100 Generals in Faryab and Badghis Provinces.Ismail Khan, who had taken refuge in Iran after his defeat at the hands of the Talibans in September 1995 was one of the four leading Dostum commanders who were captured. The Taliband decided to put Ismail Khan, who was the former Governor of Herat on trial in an Islamic court

Pakistan, on the 25th of May, accorded formal recognition to the Taliban Government in Afghanistan, becoming the first country to do so, a day after the Talibans captured the strategic area of Mazar-I-Sharif.

2. GENERAL SITUATION IN FARAH

Heavy rains during the month of May making many roads unpassable, resulted in cancellation of some supervision visits in the BHC's as well as some MCH mobile clinc trips.

The restrictions imposed by the Talibans continued to affect the attendance by women and children at the BHC's with some districts more affected than others, but a general increase of tension was recognized everywhere.

The Merlin expatriate doctor, Dr Hanna Froelhke, participated in the PEACE Initiative Workshop in Kandahar organized by UNDP and UNOPS (UN-Rural rehabilitation). The Afghanistan PEACE Initiative (1997-1999) has as overall development objective to contribute to the restoration of peace in Afghanistan through poverty alleviation, good governance building (in colaboration with both NGO's and the public and private sector) and community empowerment in both urban and rural areas. In the province of Farah the districts of Khak-I-Safed, Balabaluk, Bakwah and Farah city have been selected for the initial implementation of this initiative.

This PEACE Initiative focuses on 5 project areas:

a/ Strengthening community self-help capacities in rural Afghanistan by infrastructure improvement, infrastructure access improvement and creation of new income-earning opportunities.

b/ Rebuilding communities in urban Afghanistan.

c/ Food security through sustainable crop production

d/ Livestock development for food security

e/ Integration of the disabled and marginalized in particular the widows and the orphans in development activities.

Immediately after the workshop, UNOPS started the set up of their programme and opened their office in Farah. The UN is planning to open the airport of Farah city very soon after clearance.

B. Children's preventative health activities

1/ Nutritional surveillance children < 5 years old

- Total population = 48,458 inhabitants

- Target population children < 5 years old (20%) = 9,620 children

	0-5 months	6-17 months	18-29 months	30-41 months	42-59 months	Total
New Cases	0	11	6	0	0	17
Follow-ups	0	1	1	0	0	2

a/ Total visits = 19

b/ Number of severely malnourished children detected = 0 (0%)

c/ Number of moderately malnourished children detected= 0 (0%)

d/ Number of referrals = 0 (0%)

e/ Coverage rate new cases = 0.2%

f/ Cumulative coverage rate for 1997 = 0.22%

g/ Average attendance by child = 1.1

A woman has come forward to work as a female health worker in the BHC to provide MCH care. She sat in on the MCH clinic with the expatriate midwife for 2 days. She proved to be very keen and quick to learn.She ia already capable of weighing and measuring children and calculating the Weight/ Height percentage. She has gained an understanding of the basic principles of antenatal checks. She has agreed to work for 2 days a week and her training will commence in June in the intensive feeding center and 2 days at the MCH clinic day.

2/ Vaccination of children

- Total population = 48,458 inhabitants

- Target population children < 1 year old (3.7%) = 1,793 children

- Target population children < 2 years old (6%) = 2,907 children

	0-11 months	12-23 months	24 months +	Total
BCG	34	53		87
DPT 1	34	24		58
DPT 2	12	27	0	39
DPT 3	1	9	0	10
Polio 1	34	24	0	58
Polio 2	12	27	0	39
Polio 3	1	9	0	10
Measles	8	25	0	33
Vaccination completed	0	0	0	0

a/ The coverage rate is calculated for the children of less than 2 years old.

b/ Coverage rate for BCG = 3%

c/ Accumulative coverage rate for 1997 for BCG = 6%

d/ Coverage rate for DPT1 = 2%

e/ Cumulative coverage rate for 1997 DPT1 = 2.6%

f/ Coverage rate for DPT3= 0.3%

g/ Drop-out rate = (DPT1 - DPT3)/ DPT1 = 83%

h/ Coverage rate for measles = 1.1%

i/ Drop-out rate (DPT1 - measles)/ DPT1 = 43%

j/ Coverage rate vaccination completed = 0%

k/ Cumulative coverage rate for 1997 for vaccinations completed= 0.1%

C. Reproductive health activities

- Total population = 48,458 inhabitants
- Total number of pregnant women (4%) =1,938 women
- Total number of women of child bearing age (23%) = 11,145 women

A/Antenatal care

	Number	Proportion
Total new cases	11	65%
Total follow-ups	6	35%
At risk pregnancies detected	3	18%
At risk pregnancies referred	3	100%
Iron/folic treatments given	17	100%
Pregnant women protected against tetanus for current pregnancy	1	6%

a/ Total visits = 17

b/ Coverage rate new cases = 0.9%

c/ Cumulative coverage rate for 1997 = 1.7%

d/ Average attendance by woman = 1.5

B/ Family planning

	Number	Proportion
Total new users	4	80%
Total follow-ups	1	20%
Users of oral contraceptives	1	25%
Users of injectable contraceptives	3	75%
Users of condoms	0	0%
Age less than 15 years old	0	0%
Age more than 40 years old	0	0%

a/ Total visits = 5

b/ Coverage rate new users =0.1%

c/ Cumulative coverage rate for 1997: 0.2%

d/ Average attendance by woman = 1.3

C/ Antitetanic vaccination

	Pregnant Women	Women 14-45 years old	Total
TT1	0	22	22
TT2	3	38	41
TT3	1	9	10
TT4	0	2	2
TT5	0	0	0

a/ The coverage rate is calculated for the women of child bearing age.

b/ Coverage rate TT1 = 0.4%

c/ Cumulative coverage rate for 1997 for TT1 = 1.0%

d/ Coverage rate TT3 = 0.2%

e/ Cumulative coverage rate for 1997 for TT3 = 0.3%

f/ Drop-out rate (TT 1 - TT 3)/ TT1 = 55%

g/ Pregnant women completely protected (TT2 + TT3 + TT4 + TT+5)/ Target population = 0.4%

9. GOOLISTAN

A. Curative consultations

Table 1: Utilization rate (number of consultations / 100 inhabitants)

	March	April	May
Total number of consultations	276	301	356
Total population number	25,697	25,697	25,697
Utilization Rate	1.1%	1.2%	1.4%

The utilization rate of the BHC of Goolistan continued to increase. As mentioned before a new health worker was hired for this BHC.

Table 2: 5 main pathologies as % of total consultations

Pathology	%
Lower ARI	24
Suspected malaria	16
Upper ARI	10
Worms	8
Diarrhea with deshydration	5

Table 3: Incidence rate for some important diseases / 10,000 inhabitants

	March	April	May
Measles	0	0	0
ARI	40	49	47
Diarrhoea	8	8	14
Suspected malaria	3	7	23

The high incidence for suspected malaria is false. All these cases were diagnosed by the local mullah and taken for granted by the health workers. The health workers received again an intense training in the most common pathologies giving fever.

B. Children's preventative health activities

1/ Nutritional surveillance children < 5 years old

- Total population = 25,694 inhabitants
- Target population children < 5 years old (20%) = 5,138 children

	0-5 months	6-17 months	18-29 months	30-41 months	42-59 months	Total
New Cases	2	3	0	1	0	6
Follow-ups	0	1	0	0	0	1

a/ Total visits = 7

b/ Number of severely malnourished children detected= 0 (0%)

c/ Number of moderately malnourished children detected = 2 (29%)

d/ Number of referrals = 0 (0%)

e/ Coverage rate new cases = 0.1%

f/ Cumulative coverage rate for 1997 = 0.16%

g/ verage attendance by child = 1

C. Reproductive health activities

- Total population = 25,697 inhabitants

- Total number of pregnant women (4%) =1,028 women
- ,
- Total number of women of child bearing age (23%) =5,910 women

A/Antenatal care

	Number	Proportion
Total new cases	8	89%
Total follow-ups	1	11%
At risk pregnancies detected	4	44%
At risk pregnancies referred	2	50%
Iron/folic treatments given	9	100%
Pregnant women protected against tetanus for current pregnancy	0	0%

a/ Total visits = 9

b/ Coverage rate new cases = 0.8%

c/ Cumulative coverage rate for 1997 = 3.9%

d/ Average attendance by woman = 1.1

Referrals made from this BHC are difficult, as the referral hospital/feeding center in Farah are far away and it takes people at least 2 days to reach. So far, none of the referrals have actually gone to the hospital in Farah.

B/ Family planning

	Number	Proportion
Total new users	7	88%
Total follow-ups	1	12%
Users of oral contraceptives	4	57%
Users of injectable contraceptives	2	29%
Users of condoms	1	14%
Age less than 15 years old	0	0%
Age more than 40 years old	0	0%

a/ Total visits = 8

b/ Coverage rate new users = 0.1%

c/ Cumulative coverage rate for 1997 = 0.2%

d/ Average attendance by woman = 1.1

10. SUMMARY OF THE HEALTH INDICATORS BY BHC

Table 1: Morbidity rates by BHC as a % of total consultations, Farah Province, May 1997

	LASH-JUWA	BAKWAH	PUSHTUKU	PUSHTURUD	BALABALUK	SHEBIKU	GOOLISTAN	ANARDARA	KHAK-I-SA
Upper ARI	16	0	12	9	8	12	10	20	18
Lower ARI	6	0	11	10	8	15	24	3	24
Cough >15 days	1	8	1	3	7	1	1	0	3
Watery diarrhoea	6	10	4	11	2	12	1	8	1
Bloody diarrhoea	11	5	7	3	9	1	4	4	3
Diarrhoea - dehydration	1	1	0	0	1	4	5	0	12
Eye Diseases	11	4	3	4	3	3	3	4	9
Skin diseases	5	3	8	7	8	3	4	2	3
Anaemia	3	1	5	6	3	4	4	6	8
Worms	6	5	11	8	11	11	8	13	9

ARI= Acute Respiratory Infection

Table 2: Curative consultation by zone of origin , Farah province, May 1997

Zone A	41%	28%	39%	21%	24%	41%	24%	80%	8%
Zone B	36%	60%	47%	64%	62%	55%	68%	11%	88%
Zone C	23%	12%	14%	15%	14%	4%	8%	9%	4%

Zone A: Patients lives in the same village as the basic health centre(BHC).

Zone B: Patients lives in the same district as the BHC but a different village.

Zone C: Patients lives in different district but is a guest or traveller through the district or Koochi nomad.

Table 3: Utilization rate by health centre, Farah province, May 1997

	LASH-JUWA	BAKWAH	PUSHTUKU	PUSHTURUD	BALABALUK	SHEBIKU	GOOLISTAN	ANARDARA	KHAK-I-SA
Total number of consultations	140	277	283	571	369	268	356	179	300
Total population number	26,839	20,193	19,241	75,702	48,459	19,240	25,679	22,363	16,980
Utilization rate by 100 inhabitants	0.5%	1.4%	1.5%	0.8%	0.8%	1.4%	1.4%	0.8%	1.8%

Table 4: Curative consultation by age group , Farah province, May 1997

0-11 months	7%	3%	1%	5%	5%	5%	3%	3%	4%
1-4 years	24%	8%	19%	19%	20%	20%	7%	9%	22%
5-14 years	2%	6%	10%	4%	9%	14%	15%	18%	2%
Adults	67%	83%	70%	72%	66%	61%	75%	70%	72%

Table 5: Curative consultation by sex , Farah province, May 1997

Females	49%	39%	46%	49%	54%%	49%	44%	54%	45%
Males	51%	61%	54%	51%	46%	51%	56%	46%	55%
Sex ratio	1	0.6	0.8	1	1.2	1	0.8	1.2	0.8

As is presented in table 5, women have much better access to health care compared to the beginning of the year. In the BHC's of Anardara and Balabaluk, more women than men are consulting. Bakwah as always, had very few female patients for its curative consultations.This is in contrast with the fact that Bakwah has very successfull MCH clinic days when the expatriate midwife is doing the consultations.

Table 6: Incidence rate for some important diseases/ 10,000 inhabitants, Farah province, May 1997

Measles	0	0	0	0.8	1	2	0	0	0
ARI	12	0	34	14	12	37	47	18	73
Diarrhoea	9	21	16	11	9	24	14	10	29
Susp Malaria	0.4	1	0	0.1	0.6	0.5	23	0	0

ARI = Acute Respiratory Infection

Table 7: Coverage rate and average attendance by child for nutritional surveillance consultation, Farah Province, May 1997

	LASH-JUWA	BAKWAH	PUSHTUKU	PUSHTURUD	BALABALUK	SHEBIKU	GOOLISTAN	ANARDARA	KHAK-I-SA
Coverage rate new cases	0.05%	0.1%	0.2%	0.1%	0.2%	1.0%	0.1%	0.02%	0.1%
Cumulative coverage rate	0.55%	0.5%	1.3%	0.6%	0.2%	2.6%	0.2%	0.12%	0.1%
Average attendance	2.7	1.4	1	1.4	1.1	1.2	1	1	1

Shebiku has the highest cumulative coverage rate, but cannot convince the women to come back every month with their children to be weighed. Lash Juwain has an average cumulative coverage compared to the others but the children are seen for follow-up between 2 or 3 times.

Table 8: Coverage rate and average attendance by pregnant woman for antenatal care, Farah Province, May 1997

Coverage rate new cases	0.9%	0.6%	0.8%	0.6%	0.9%	0%	0.8%	0.6%	0.6%
Cumulative coverage rate	5.4%	4.7%	4.0%	2.8%	1.7%	5.1 %	3.9%	2.7%	3.5%
Average attendance	2	2.5	1	1.3	1.5	N/A	1.1	2.2	1

Lash Juwain and Bakwah score the best regarding their cumulative coverage rate and their clients come back at least once for follow-up. Anardara has a weak coverage rate but the pregnant women are coming back for control.

Table 9: Coverage rate and average attendance for family planning consultation, Farah Province, May 1997

Coverage rate new cases	0%	0.1%	0.1%	0%	0.1%	0%	0.1%	0.04%	0.02%
Cumulative coverage rate	0.7%	0.5%	0.4%	0.2%	0.2%	0.1 %	0.2%	0.34%	1.02%
Average attendance	N/A	1.5	1	N/A	1.3	N/A	1.1	1	1

Coverage rates for family planning services remain extremely low in Farah Province. Although in some districts women are consulting, they never return for the second time. Merlin should urgently investigate the reasons for this.

The second National Polio Mass Campaign took place from the 11th to the 15th of May, one month after the first one. Merlin provided two cars to distribute the vaccines and to carry both the vaccinators and supervisors.

Sarah Hall, the medical advisor of the Asia Desk of Merlin-London and Tim Barker, the regional Administrator, visited both the Merlin programmes in Farah and Badghis during the second part of May. A strategic meeting was hold in Herat afterwards with the regional Co-ordinator to review some managerial issues of both projects.

Sara Nam, the Farah expatriate mid-wive left for England after a one year stay in Farah Province

Dr Aliobello, UNICEF-Peshawar participated in the monthly Provincial Health Management Team meeting as he was visiting the MoPh and the NGO's working in the health sector in Farah Province.

On May the 10th, an earthquake measuring 7.1 on the Richter scale caused considerable damage and fatalities in the provinces of Caen and Birjand in North-East Iran and in some districts of Farah and Herat Provinces in Afghanistan. The Merlin team of Farah together with MDM investigated the Iranian border but no further intervention was needed. The regional medical Co-ordinator went for assessment mission in Iran, but no intervention was needed either because the French agencies like MSF and MDM were already present with massive amounts of relief material and staff.

3.MERLIN'S MEDICAL ACTIVITIES

1/ BASIC HEALTH CENTERS AND MCH ACTIVITIES

Each of the BHC's has been supervised at least once during the month of May by the Merlin expatriate doctor and the Afghan clinic supervisor. Observation of the clinical examination of the patients by the health workers, their diagnostic attitudes and their prescription behaviour were stressed.

The consultation rate has increased everywhere due to better wheather. We observed an increase in the incidence for diarrhea and worms while the incidence rate of ARI dropped because of the spring.

A new health worker was employed in Goolistan. He was a medical student in Turkmenistan but did never qualify.He seems to be capable.

During the month of May, the children attending for the child growth monitoring continued to drop. This was mainly attributed to the fact that the health workers are still tending to weigh selectively the children who are ill or look thin. Mothers also refuse to have their children weighed if they not feel their child is unwell. And some mothers refuse to have their children weighed unless they are promised to give them drugs.

Another problem identified is that as few women come to the BHC because of the Taliban restrictions, young children bring their younger siblings which leads to problems. The young children are not able to give accurate information regarding the age or the illness and it is difficult to give them instructions regarding medication and healthy diet practices.

Although there are less women attending the MCH clinic, the number of antenatal checks has been under-reported in May as the health workers have not been entering them in the correct register in some BHC's

2. TBA TRAINING

The TBA's in Pushtuku completed their sessions on "Safer childbirth" and of the 6 trained ones, 3 completed the oral test with satisfactory results. These three agreed to work with Merlin as link-TBA's and to complete the reports forms monthly.

3. NUTRITIONAL PROGRAM

A.INTENSIVE FEEDING PROGRAMME (IFP)

At the end of April, 11 severely malnourished children were present in the IFP. During the month of May, 33 children were admitted as presented in table 1. The admission criteria remained the same: W/H<75%, MUAC<110mm and/or bilateral oedema.

During phase I, children received 6 High Energy Milk (HEM)/24 hours which provides 100 kcal/kg/day with 2.9 gr of proteins.During phase II, they received 4 HEM and 2 porridges/24 hours which provides 200 kcal/kg/day and 4 gr of proteins. To increase the protein intake in the second phase, one BP5 (high protein bisquit) is given during the day which provides an extra of 1.8 gr of proteins and 55 kcal.

Table 1: Admissions in the IFP by age and by indicator for malnutrition, Farah, May 1997

	Admissions					
Indicator	MUAC<110mm	W/H<60%	W/H<70%	W/H<75%	Oedema	Total
0-6 months	3	0	0	2	0	5 (15%)
7-23 months	8	1	10	8	0	27 (82%)
24-59 months	0	0	0	1	0	1 (3%)
Total	11 (33%)	1 (3%)	10 (31%)	11 (33%)	0 (0%)	33 (100%)

82% of the severely malnourished children are less than 2 years old.

67% children are admitted under the criteria of W/H and 33% have a MUAC of less than 110mm (high risk of mortality). There were no cases of kwashiorkor.

24 (73%) of the children were boys while only 9 (27%) were girls.

Most of the admitted children present associated pathologies: diarrhea with or without deshydration and upper acute respiratory infections.One child was diagnosed with pulmonary Tuberculosis and is under anti-TB treatment now.The MDM pediatrician is doing the daily rounds and the Merlin expatriate doctor sees the children twice a week.

3 (9%) of the children admitted were malnourished as a direct complication of measles.

All children admitted in the IFP are vaccinated during their stay and the coverage rate for measles vaccination is 100%.

33 children left the IFP during the month of May as is presented in the following table.

Table 2: Exits by age and by way of exit, Farah, May 1997

	Exits				
Indicator	Discharged cured	Defaulters	Deaths	Transfert	Total
0-6 months	2	4	0	0	6 (18%)
7-23 months	5	18	2	0	25 (76%)
24-59 months	1	0	1	0	2 (6%)
Total	8 (24%)	22 (67%)	3 (9%)	0 (0%)	33 (100%)

The discharge rate,the defaulter rate and the death rate are always calculated among the exits and not among the admissions.

During May, 24% of the children were discharged cured and sent to the supplementary feeding programme. The discharge criteria is a W/H>80% for 2 consecutive weighings.The big question remained what can be a good discharge criteria for children admitted on the basis of the MUAC<110mm.At present, these children are discharged were there is a visual weight increase combined with an good general condition.

The average lenght of stay among the discharged children was 17 days with an average weight gain of 8 gr/kg/day. The norm for average lenght of stay is 21 days and 10gr/kg/day for the average weight gain. The average lenght of stay among the defaulters was 8 days with an average weight gain of 0.6gr/kg/day.

67% of the children defaultered before the discharge criteria were reached.This high defaulter rate is the main ongoing problem which hampers the effectiveness of the IFP.There are several reasons for this: One of the main reasons is that local Islamic Law and beliefs do not allow the mother to stay unaccompanied outside her home for any given period. Even if the mother is convinced that she must stay, her male companoin is not always able to stay with her.This can be because of his work or other obligations or simply because he is not persuaded that the IFP is the solution for his child.

Since male and female carers cannot be in the same room, children are now separated in 2 different rooms according to the sex of their carers. All carers receive a weekly ration of rice, oil, lentils and soap.

Another reason is that it is commonly believed that unless the child is receiving medication, especially intravenous / intramuscular ones, that he will not recover and the child is taken home.

It happens also frequently that once the mother sees the child's condition is improving, she wishes to leave without the full nutritional treatment been completed. In that case, the child is better but did not fully reach the discharge criteria. We observe an average length of stay of 9 days among the defaulters.This proves that the mothers are not defaultering immediately like we can see in a lot of other countries where the mothers escape within the first 24 hours because they simply do not belief in IFP.

The current hot wheather was another reason that the mothers were leaving early .Dark heavy curtains have been fitted in all rooms now to block the sunlight and fans will be installed shortly.

One of the solutions to interfere with this high defaulter rate will be the introduction of an out-reach team who can make home visits and trace the defaulters. This team could also be responsible for screening of children (MUAC) and referring the malnourished to the SFP for W/H measuring. Merlin started discussions with MoPH and local NGO's to see the possibilities of implementing such idea.

We observed a death rate of 9%. The first one was a severe marasmus (<60%), the second a combined marasmus (<60%)/kwashiorkor and the third one had a MUAC of <110mm.

At the end of the month of May, 11 children were present in the IFP. (= Total at the end of April+ total number of admissions - total number of exits)

33% of the admissions were originating from Farah city, 15% from Pushturud, 36% from Balabaluk, 12 % from Shebiku and 4% from Khak-I-Safed.

Health education sessions remained to be one of the pillars of the IFP. Malnutrition in Farah Province has many causes but the low educational level of the mothers and carers are far more important than food shortage or economical crisis. We observed poor breastfeeding and weaning practices and a poor understanding of health and hygiene issues. Most mothers told us that their child had been ill for many months but they did not receive proper medical care.Most of the children had multiple episodes of diarrhea and the majority of the mothers were not familiar with ORS.

Health education sessions stressed on breastfeeding, safe weaning practices, treatment of diarrhea and hygienic food storage. The latter was very important seen the extremely high temperature in Farah , currently of more than 40 degrees.

B. SUPPLEMENTARY FEEDING PROGRAMME (SFP)

At the end of the month of April, there were 22 moderately malnourished children in the SFP.
During the month of May, 75 children were admitted in the SFP as presented in table 3. This gives a total of 97 children present in the SFP

The admission criteria remained the same: W/H<80% and/or W/A in the red zone of the "Road to Health Chart".

Table 3: Admissions by age and by indicator for malnutrition, Farah, May 1997

	Admissions			
Variables	W/H<80%	W/H<75%	W/A in red zone	Total
0-6 months	N/A	N/A	N/A	0 (0%)
7-23 months	N/A	N/A	N/A	69 (92%)
24-59 months	N/A	N/A	N/A	6 (8%)
Total	39 (52%)	5 (7%)	31 (41%)	75 (100%)

52% of the children were admitted with W/H < 80% and 41% with W/A in the red zone of the "Road to Health Chart". 7% of the children were admitted with the admission criteria of the IFP because the parents refused 24 hours care.These children are closely monitored on a weekly basis.

41 (55%) of the children were girls whereas 34 (45%)were boys.

All children are screened for measles vaccination as they are admitted to the SFP. When they are not vaccinated yet, they are referred to the MCH facilities of CHA for vaccination. We observed a coverage rate of 87% for measles vaccination among the children present in the SFP.

The main associated pathologies are diarrhea and upper acute respiratory infections.Dr Farima, the CHA medical doctor who is responsible for the consultations of the children had still not returned yet from Kabul. The medical follow-up was temporarily assured by the medical Co-ordinator of CHA.

Merlin started to distribute small plastic buckets with cover to the benificaries in the programme. This aims to ensure a proper hygienic storage of the premix especially in hot wheather. Mothers were taught to keep the bucket closed at all times and to keep the bucket suspended in another bucket inside a well.The mothers receive a bucket when they come for the first control. Only families who are living very far and having a child discharged from the IFP into the SFP are receiving it immediately.

Health education sessions were given on a continues basis to small groups with 5 women at the time. During the month of May, the topics were all related to the hot wheather: safe storage of food, causes and prevention of diarrhea and deshydration and the prevention of malaria.

Table 4 demonstrates the exits by age and by type of exit for the month of May.

Table 4: Exits from the SFP by type of exit, Farah,May 1997

	Number	Proportion
Discharged cured	0	0%
Defaulters	18	95%
Deaths	0	0%
Transfert to IFP	1	5%
Total	19	100%

There are no discharged cured and no deaths. 95% of the exits are defaulters and 1 child was transferred to the IFP. The norm for the percentage of defaulters should be <15%, whereas the norm for discharged cured must be above 70%. Merlin hopes to tackle the defaulter problem with the introduction of an out-reach team as mentioned before. At the end of the month of May, 78 children were registered in the SFP.

The reason why there were no discharged cured is easy to explain; the program started just over one month ago and one should count 60 days for the average lenght of stay in a SFP.

The children are weighed on a weekly basis. Every month, their height is measured. The results of their weight evolution is outlined in table 5.

Table 5: Weight evolution among the children of the SFP, Farah, May 1997.

Weight evolution	Number	Percentage
Increase of weight gain	34	35%
Static weight	54	56%
Decrease of weight gain	9	9%
Total	97	100%

65% of the children did not gain weight. This can be explained by several factors: There can be sharing of the porridge among siblings or other family members and/or the mother may be relying on this supplementary food as the main food source for the child.

During the health education sessions, it was emphazised that this ration is only a supplement to the 3 normal meals the child must receive.

Of those who lost weight, the main reason found was that these children were ill with fever and/or diarrhea.

63% of the children were originating from Farah city, 20% from Pushturud and only 17% from the far districts. This can be easily be explained by the fact that transport is too expensive and that such a far trip is too much time consuming for most of the people.

During the month of May, we found out that the wheatflour in stock was of bad quality. WFP was contacted and a sample sent for analysis.This confirmed our observations. WFP agreed upon to replace the 4,060 kg expired wheatflour by 4,263 kg of wheatgrain. This allows a loss of 5% expected in the milling process.

WFP, who is the most important food donor of Merlin monitored very closely the nutritional program on May the 14th. They looked at both the IFP and SFP, the storage conditions and stock keeping system and the registration and follow-up of the beneficiaries.

4. LOGISTICS

A. REHABILITATION

The work began and was completed on storerooms for the nutritional feeding centre.There were to provide extra space for both food storage and premix team as well as a more hygienic srorage area.

CHA offered and have sunk a well for the BHC in Balabaluk. The water level in this area is very deep, but CHA provided the necessary equipment.

B. VEHICLES

Richard travelled to Turkmenistan to collect a Landrover previously based with a Merlin project in Chechnya. The trip and custom clearance were completed without incident. A Landrover Pick up is now based in Farah.

C. NON-EXPENDABLE ASSET REGISTER

The items on this register were reviewed and checked by Tim during his visit to Farah and several items were moved from the register for transfert to Peshawar.

5.HUMAN RESOURCES

Richard Corbett, Sara Nam, Hanna Froehlke and Sheila Hunter were present throughout the month of May.

In each BHC, except for Khak-I-Safed, the health workers are now able to accurately calculate the weight for height percentage, thus allowing for appropriate referral to the intensive feeding programme in Farah city.

CHA took over again the vaccination in Khak-I-Safed district but unfortunately they were never present the days of the MCH activities as what was agreed on. Merlin continued to vaccinate in the districts of Bakwah, Balabaluk and Shebiku . In May, Merlin was able to vaccinate at the days of the MCH clinic only because the cold chain material had still not been handed over from CHA who are previously vaccinating in those districts.

1. PUSHTURUD

A. Curative consultations

Table 1: Utilization rate (number of consultations / 100 inhabitants)

	March	April	May
Total number of consultations	493	362	571
Total population number	75,702	75,702	75,702
Utilization Rate	0.7%	0.5%	0.8%

The utilization rate has increased from 0.5% to 0.8% for the month of May.

Table 2: 5 main pathologies as % of total consultations

Pathology	%
Watery diarrhoea	11
Lower ARI	10
Upper ARI	9
Worms	8
Skin disease	7

Watery diarrhea becomes the main reason for consultation.

Table 3: Incidence rate for some important diseases / 10,000 inhabitants

	March	April	May
Measles	1	0.3	0.8
ARI	22	14	14
Diarrhoea	5	7	11
Suspected malaria	0	0	0.1

ARI remain stable but the incidence for diarrhea continues to rise which is seasonal. We see also the re-appearance of suspected malaria due to the increase of the temperature.

The female health educator has received three days of guidance regarding health education and the use of ORS (Oral Dyhydration Salt).

B. Children's preventative health activities

Nutritional surveillance children < 5 years old

- Total population: 75,702 inhabitants
- Target population children < 5 years old (20%): 15,140 children

	0-5 months	6-17 months	18-29 months	30-41 months	42-59 months	Total
New cases	0	7	6	0	0	13
Follow-ups	0	2	3	0	0	5

a/ Total visits = 18

b/ Number of severely malnourished children detected = 2 (11%)

c/ Number of moderately malnourished children detected = 3 (17%)

d/ Number of referrals = 2 (100%)

e/ Coverage rate new cases = 0.1% (13/15,140 x 100)

f/ Cumulative coverage rate for 1997 = 0.6% (sum of January, February, March, April, May and June coverage rates)

g/ Average attendance by child = Total visits/ New cases = 1.4 (18/13)

The proportion of referrals is calculated among the severely malnourished children only. They are referred to the intensive feeding program of Merlin in Farah Hospital.

C. Reproductive health activities

- Total population = 75,702 inhabitants

- Total number of pregnant women (4%) =3028 women

- Total number of women of child bearing age (23%)= 17,411 women

A/Antenatal care

	Number	Proportion
Total new cases	19	79%
Total follow-ups	5	21%
At risk pregnancies detected	0	0%
At risk pregnancies referred	0	0%
Iron/folic treatments given	24	100%
Pregnant women protected against tetanus for current pregnancy	2	8%

a/ Total visits = 24 (New cases + follow-ups)

b/ Coverage rate new cases = 0.6% (19/3028 x 100)

c/ Cumulative coverage rate for 1997 = 2.8% (sum of January, February, March, April, May and June coverage rates)

d/ Average attendance by woman = 1.3 (Total visits/new cases)

We calculate the proportion of at risk pregnancies among the total visits as the risk pregnancies are not always detected during the first consultation.

The proportion of the at risk pregnancies referred are always calculated among the women with an at risk pregnancy detected.

The women who are protected against tetanus for the current pregnancy are the women who have received a TT2, TT3, TT4 or TT5 during the present prgnancy.

B/ Family planning

	Number	Proportion
Total new users	0	0%
Total follow-ups	0	0%
Users of oral contraceptives	0	0%
Users of injectable contraceptives	0	0%
Users of condoms	0	0%
Age less than 15 years old	0	0%
Age more than 40 years old	0	0%

a/ Total visits = 0 (New users and follow-ups)

b/ Coverage rate new users = 0 (0%)

c/ Cumulative coverage rate for 1997 = 0.2% (sum of the January, February, March, April, May and June coverage rates)

d/ Average attendance by woman = N/A (Total visits/new users)

The proportion of users of the different methods of modern contraceptives are calculated among the new cases only.

The use of modern contraceptives remains very unpopular in Pushturud despite the intense social mobilisation been organized in this district.

2. KHAK-I-SAFED

A. Curative consultations

Table 1: Utilization rate (number of consultations / 100 inhabitants)

	March	April	May
Total number of consultations	290	282	300
Total population number	16,980	16,980	16,980
Utilization Rate	1.7%	1.7%	1.8%

The utilization rate remains constant at the BHC of Khak-I-Safed. People in Khak-I-Safed know that the health workers have limited knowledge and therefore limited drugs. Patients with serious illness are consulting the private doctors in Farah city.

Table 2: 5 main pathologies as % of total consultations

Pathology	%
Lower ARI	24
Upper ARI	18
Diarrhoea with dehydration	12
Worms	9
Eye disease	9

ARI remain still the main reason for consultation despite the good wheather.

Table 3: Incidence rate for some important diseases / 10,000 inhabitants

	March	April	May
Measles	0	0	0
ARI	53	73	73
Diarrhoea	21	25	29
Suspected malaria	0	0	0

The incidence rate for ARI is still very high and we observe a steady increase for diarrhea.

B. Children's preventative health activities

Nutritional surveillance children < 5 years old

- Total population: 16,980 inhabitants
- Target population children < 5 years old (20%): 3,396 children

	0-5 months	6-17 months	18-29 months	30-41 months	42-59 months	Total
New Cases	1	1	1	1	0	4
Follow-ups	0	0	0	0	0	0

a/ Total visits = 4

b/ Number of severely malnourished children detected = 0 (0%)

c/ Number of moderately malnourished children detected:= 0 (0%)

d/ Number of referrals = 0 (0%)

e/ Coverage rate new cases = 0.1%

f/ Cumulative coverage rate for 1997 = 0.2%

g/ Average attendance by child = 1

There is always an extreme low attendance at the MCH clinic. This is also one of the reasons why the health workers are so slow to learn to weigh and measure children and to work out the W/H percentages accurately. They simply don't see enough children. It was therefore decided that further training regarding under five's growth monitoringwould take place in the BHC on days other than the MCH clinic days.

Merlin had taking over the vaccination in Khak-I-Safed during the month of April because the vaccinators of CHA were refusing to work then for salary reasons. In May, CHA seemed to have arranged those problems and had appointed again vaccinators for Khak- I- Safed.Unfortunately, the CHA vaccinators were not present on the MCH clinic day as what was agreed on.

C. Reproductive health activities

- Total population = 16,980 inhabitants
- Total number of pregnant women (4%) = 680 women
- Total number of women of child bearing age (23%) = 3,905 women

A/Antenatal care

	Number	Proportion
Total new cases	4	100%
Total follow-ups	0	0%
At risk pregnancies detected	3	75%
At risk pregnancies referred	1	33%
Iron/folic treatments given	4	100%
Pregnant women protected against tetanus for current pregnancy	0	0%

a/ Total visits = 4

b/ Coverage rate new cases = 0.6%

c/ Cumulative coverage rate for 1997 = 3.5%

d/ Average attendance by woman = 1